

Disposition of Personal Property

No administration shall be required or formal proceedings upon the estate of a decedent leaving only personal property exempt from the claims of creditors under the Constitution of Florida, and nonexempt personal property the value of **which does not exceed the sum of the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness.**

The Disposition of Personal Property Form must be filled out and submitted to the Clerk's Office along with the fees.

The Judge by letter or other writing under the seal of the Court, may authorize the payment, transfer, or disposition of the personal property, tangible or intangible, belonging to the decedent to those persons entitled.

Deceased

Disposition of Personal Property Without Administration

Verified Statement

Date: _____

The Petitioner, _____, alleges: _____
_____, whose last known address was _____
_____ and whose social security number is _____, died on
_____, 20___, at _____. The property of decedent consists only
of homestead real property and personal property the entire value of which does not
exceed the value of the exempt property and the amount of the preferred funeral expenses
and reasonable and necessary medical and hospital expenses of the last 60 days of the
decedent's last illness, all as hereinafter described:

Description	Address/Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Homestead described above (marked by "H") is claimed by:

(Name) (Address) (Relationship)

Exempt property described above (marked by "E") is claimed by:

(Name) (Address) (Relationship)

Funeral or burial expense(statement or receipt attached):

Services by	Address	Amount	Paid or Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last illness(last 60 days) expenses(statement or receipt attached):

Services by	Address	Type of Service	Amount	Paid or Due
-------------	---------	-----------------	--------	-------------

Other debts of decedent:

Creditor	Address	Goods/Services(How incurred)	Amount
----------	---------	------------------------------	--------

Requested payment or distribution to:

Name	Address	Property	Amount/Value
------	---------	----------	--------------

I know of no other assets or debts of the decedent except:

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

(Signature of Claimant)

Statement obtained by:

(Name of Claimant)

Deputy Clerk

(Address)

(Telephone)

Relationship to Decedent